MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(S) (8) 10669

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County A.A.

City or town Galesville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County A. A.

City or town Galesville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Edward Booze

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	col	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1939

8. AGE: Years stillborn | Months | Days | If less than one day hrs. min.

9. Birthplace Galesville, Md. (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name James Edward Thomas

13. Birthplace Whittman, Md.

MOTHER 14. Maiden name Elsie Harris

15. Birthplace West River

16. Informant Elsie Harris Booze

Address Galesville, Md.

17. burial (Burial, cremation, or removal. Which?) Date thereof Nov. 8 1939 (month) (day) (year)

Cemetery or crematory Galesville, Md.

Location Galesville, Md.

18. Funeral director T. H. Hardesty & Son

Address Galesville, Md.

19. Nov. 7 1939 (Date rec'd by registrar) W. R. Claytor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 1939, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 6 1939, to same 1939, and that I last saw h alive on 19

Immediate cause of death	stillborn	DURATION
Due to		
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. R. Claytor M. D. or other

Address Galesville Date signed

Sig. B.

RECEIVED
DEC 28 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

YS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48)

10670

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County A. A.

City or town Annapolis
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spa Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 8 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County A. A.

City or town Annapolis Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 200 Spa Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Bordley

3. (b) Social Security Number

4. Sex: Fem.

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Richard H. Bordley

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.): May 14 1878

8. AGE: Years 61 Months 5 Days If less than one day ___ hrs. ___ min.

9. Birthplace A. A. Co.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Coles
13. Birthplace A. A.

MOTHER
14. Maiden name Annie Price
15. Birthplace A. A.

16. Informant Richard H Bordley
Address 200 Spa Road

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Nov. 14 1939
(month) (day) (year)

Cemetery or crematory Fowler's Cem.

Location A. A. Co. Best Gate.

18. Funeral director J. B. Johnson
Address Annapolis

19. Nov. 14th 1939 J. J. Murphy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11 1939, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1939, to Nov 9 1939, and that I last saw her alive on Nov 9 1939.

Immediate cause of death: Carcinoma of Uterus — DURATION 1 yr.

Due to

Due to

Other conditions: Parkinsons Disease — about 1 yr.
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Maurice F. Klawans, M.D.
M. D. or other

Address 31 South Gate Av Date signed 11/14/39

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10671

Reg. Dist. No. 28

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Davidsonville, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 802 Leadenhall
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Charles Brothers

3. (b) Social Security Number: 215-12-2725

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	negro	married.

6 (b) Name of husband or wife: Unknown
6(c) If e1ive, give age: years

7. Birth date of deceased (mo., day, yr.):

8. AGE: Years	Months	Days	If less than one day
49			hrs. min.

9. Birthplace: Unknown
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business
FATHER 12. Name: Unknown
13. Birthplace: "
MOTHER 14. Maiden name: "
15. Birthplace: "
16. Informant: Mrs. Carrie J. Smith
Address: Davidsonville, Md.
17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or ~~crematory~~: Davidsonville, Md.
Location: Davidsonville, Md.
18. Funeral director: J. G. Hardesty & Son
Address: Galesville, Md.
19. Nov. 8 1939 (Date rec'd by registrar) Carrie J. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 6 1939, at 7:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Post-mortem examination
and that I last saw h alive on 19

Immediate cause of death	DURATION
Acute myocardial failure	11/6/39
Due to (sudden death	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John M. Caffy Deputy Medical Examiner
M. D. or Coroner
Address: Annapolis, Md. Date signed 11/7/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131)

10672

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH:
County Anne Arundel
City or town Nursary Rd. Lansdowne P.O
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Nursery Rd & Central Ave. Rainer Heights
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 13 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Anne Arundel
City or town Rainor Hghts, Lansdowne P.O. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Nursary Rd & Central Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Margaret. Burkowske.

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband ~~or wife~~ Charles Burkowski
6 (c) If alive, give age 72 years
7. Birth date of deceased (mo., day, yr.) Sept 8, 1874

8. AGE: Years 65 | Months 1 | Days 26 | If less than one day ___ hrs. ___ min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual occupation House wife
11. Industry or business Own Home
FATHER
12. Name Michael Kroener
13. Birthplace Germany
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
16. Informant Mr Charles Burkowske
Address Lansdowne R.F.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 7, 1939. (month) (day) (year)
Cemetery or crematory Louden Park.
Location Baltimore, Ma
18. Funeral director Thomas W Swighton
Address Glen Burnie, Md.
19. Nov. 6, 1939 (Date rec'd by registrar) Mr De Alba Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/4 1939, at 7 P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/27 1939, to 11/4 1939, and that I last saw her alive on 11/4 1939.

Immediate cause of death: Broncho-Pneumonia — DURATION: 2 da
Due to Cardiovascular Renal Disease — 3 yrs.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Joseph N Laukaitis MD M. D. or other
Address 679 Washington Blvd Date signed 11/5/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

NOV 7 1939

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

10673

Reg. Dist. No. 2/

1. PLACE OF DEATH:

County a. a.

City or town annapolis

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County a. a.

City or town West annapolis Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Monterey ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Callahan

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 8 - 1939

8. AGE:

Years	Months	Days	If less than one day
			hrs. min.

9. Birthplace annapolis md. a.a. Co.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Joseph H. Callahan

13. Birthplace annapolis md

MOTHER

14. Maiden name Edna T. Jaschik

15. Birthplace Balto. md

16. Informant Joseph H. Callahan

Address West annapolis md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 9 - 1939 (month) (day) (year)

Cemetery or crematory St marys

Location annapolis md

18. Funeral director B L Hopkins

Address annapolis md.

19. 11-9 1939 J J Murphy

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 8 1939 to Nov 8 1939

and that I last saw him alive on Stillborn Nov. 8 1939

	DURATION
Immediate cause of death Stillborn	9 Mo. term
Due to Unknown	
Due to Partial premature	
Other conditions Seperation of placenta	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Willis Martin M.D.

M. D. or other

Address Annapolis Md Date signed Nov 8, 1939

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1939
BUREAU V. S.

10674

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Lusby Road
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: A. A.

City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Harriette Carr

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Maynard Carr

6(c) If alive, give age: 80 years

7. Birth date of deceased (mo., day, yr.): Mar 12th 1852

8. AGE: Years 80 Months 8 Days 16 If less than one day ___ hrs. ___ min.

9. Birthplace: A. A. Co. Md.
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: William Dorsey
13. Birthplace: A. A. Co Md.

MOTHER
14. Maiden name: Harriette Higgins
15. Birthplace: A. A. Co Md.

16. Informant: Maynard Carr
Address: Lusby, A. A. Co. Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Nov 30th 1939 (month) (day) (year)

Cemetery or crematory: St Stephens

Location: A. A. Co. Md.

18. Funeral director: John M. Taylor
Address: Annapolis Md.

19. Nov. 30th 1939 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 28 1939, at 11A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1938 19__, to Nov 28 1939 and that I last saw h en alive on Nov 28 1939.

Immediate cause of death: Acute Dilatation of Heart.

Due to: Chr. Myocarditis

Due to: Chr. Bronchitis

Other conditions: Benign Uterine Tumor.
Duration: Fifteen years. C.W.S.R.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

DURATION: Sudden / unknown / unknown / unknown

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: George C Basil M. D. or other
Address: Annapolis Md. Date signed: 11-29-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (184)

CERTIFICATE OF DEATH

10675

Reg. Dist. No. 71

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: A. A. Co.
City or town: Annapolis
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 927 Vincent
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Irvin D. Coates

3. (b) Social Security Number: 230-03-1830

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife:
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Sept 17 1919
8. AGE: Years: 20 Months: 2 Days: 4 If less than one day: hrs. min.
9. Birthplace: Boston Mass. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: George Coates
13. Birthplace: Calvert Co. Md
MOTHER 14. Maiden name: Mary Mason
15. Birthplace: Va
16. Informant: Luenna Mason
Address: 927 Vincent Balto
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 29/39 (month) (day) (year)
Cemetery or crematory: Asbury Cem
Location: Annapolis
18. Funeral director: J. B. Johnson
Address: Annapolis
19. 11-28 1939 (Data rec'd by registrar) J. J. Murphy (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 24 1939 at 6.30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Post mortem Examination and that I last saw h alive on 19

	DURATION
Immediate cause of death: Gun-shot wounds	
Due to: Hemorrhage	1 day
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: 11/23/39
Where did injury occur? Mill Swamp near Edgewater (County) A. A. (State) Md.
Injured at home, farm, industry, public place (where?): public place
Means of injury: shot gun Injured at work? No

23. SIGNATURE: John M. Caffey Deputy Medical Examiner M. D. or other
Address: Annapolis, Md. Date signed 11-27-39

RECEIVED
DEC 5 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (34)

10676

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County Anne Arundel

City or town Annapolis
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 hours

Stay in this community (yrs., or mos., or days) 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Anne Arundel

City or town Annapolis Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 7 Carroll St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Catherine Elmira Colbert

3. (b) Social Security Number None

4. Sex Female

5. Color or race Col.

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or ~~wife~~ Walter Colbert

6(c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Nov 21 1906

8. AGE: Years 33 Months 33 Days If less than one day hrs. min.

9. Birthplace Portsmouth Virginia
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Trafford Jackson
13. Birthplace Suffolk Virginia

MOTHER
14. Maiden name Virginia Wilson
15. Birthplace Portsmouth Virginia

16. Informant Walter Colbert

Address 7 Carroll St. Annapolis Md

17. Buried
(Burial, cremation, or removal. Which?)

Date thereof Nov 24 1939
(month) (day) (year)

Cemetery or crematory Brew Hill

Location 2 mile outside Annapolis on Washington Rd.

18. Funeral director Chas. H. Alexander

Address 43, 45 Northwest St. Annapolis

19. Nov. 24th 1939
(Date rec'd by registrar)

J. J. Murphy
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 19 , at 12 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Post. mortem, to exam (autopsy) and that I last saw h alive on 11/21/39

Immediate cause of death Following administration of neo-arsphenamine for syphilis

DURATION 11/[illegible]/39

Due to acute congestion & oedema of lungs. Acute ~~ventricular~~

Due to congestive right ventricular heart failure, acute congestion

Other conditions of brain and all viscera

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard J. Malden M. D. Chief Medical Examiner

John M. Claffey M. D. Deputy Medical Examiner

Address Annapolis Md Date signed 11/21/39.

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (942) CB 10677

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
County Anne Arundel
City or town Annapolis Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Carvel Hall Hotel
Stay in hospital or inst. (yrs., or mos., or days) 1 day
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State New York County
City or town New York City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1303 York Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Smith Owen Dexter
3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
B (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 22d 1906
8. AGE: Years 32 Months 11 Days 3 If less than one day hrs. min.
9. Birthplace Germantown Pa (Town, county, and state)
10. Usual occupation Medical Director
11. Industry or business
FATHER 12. Name Smith Owen Dexter
13. Birthplace Nayatt R. I.
MOTHER 14. Maiden name Helen Denison
15. Birthplace New Bedford Mass.
1B. Informant Mrs Helen D. Loring
Address 104 Longwood Rd. Balto Md.
17. (Burial, cremation, or removal. Which?) Date thereof Nov 28th 1939 (month) (day) (year)
Cemetery or crematory Swan Point Cemetery
Location Providence R. I.
1B. Funeral director John C. Mitchell & Sons
Address Balto. Md.
19. Nov. 26th 1939 (Date rec'd by registrar) J. J. Murphy (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25, 1939, at 11 15 p M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Post mortem to examination
and that I last saw h alive on 19
Immediate cause of death Coronary occlusion — DURATION sudden
Due to Coronary sclerosis — unknown
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John M. Claffy M. D. Deputy medical examiner
Address Annapolis, Md Date signed 11/ /39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10678

47 (B)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 23

Village or City Brooklyn No. 406 Townsend Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Julian Eckert Social Security No.

(a) Residence: No. 406 Townsend Ave. St., Ward. 217-03-5054

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Elizabeth G. Balk.

6. DATE OF BIRTH (month, day, and year) Dec. 6, 1882

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Stationary engineer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry B. Eckert.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhemina Ernestina

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs John J. Eckert. 406 Townsend Ave Bck.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date 11/20, 1939

19. UNDERTAKER (Address) J. F. McCully 130 E. Fort Ave.

20. FILED 1st Nov., 1939 Caldwell Woodruff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1939, to Nov 16, 1939

I last saw him alive on Nov. 16, 1939; death is said to have occurred on the date stated above, at 3:00 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Lungs (Indefinite)	
Other Contributory Causes of Importance: Exhaustion	11/15/39

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify R. L. Campbell (Signed) M. D.

11/17/39 (Address) 1644 Hanover St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
DEC 4 1929
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

10679

CERTIFICATE OF DEATH

Reg. Dist. No. 22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A16

1. PLACE OF DEATH:

County: Anne Arundel

City or town: (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Odenton

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Odenton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.:

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Dora Bell Eckman

3. (b) Social Security Number: None

4. Sex: F

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John Eckman

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 22 1879

8. AGE: Years: 60 Months: 4 Days: 22 If less than one day: hrs. min.

9. Birthplace: Savage Md (Town, county, and state)

10. Usual occupation: Home Wife

11. Industry or business: Home

FATHER 12. Name: Lucin Fair

FATHER 13. Birthplace: Savage Md.

MOTHER 14. Maiden name: Mary Wallace

MOTHER 15. Birthplace: Md.

16. Informant: Charles L. Eckman

Address: Odenton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 16, 1939 (month) (day) (year)

Cemetery or crematory: London Park

Location:

18. Funeral director: Ambrose, Inc.

Address: 1612 W. Cross St.

19. Nov 14 1939 (Date rec'd by registrar) N. L. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 13 1939, at 10.10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 5 1939 to Nov 13 1939 and that I last saw h alive on Nov 13 1939

	DURATION
Immediate cause of death: Cerebral Thrombosis	
Due to: Arteriosclerosis X Hypertension	
Due to:	
Other conditions: Chronic Nephritis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: /

Of autopsy:

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: X Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. B. Keyser M. D. or other

Address: Odenton Md Date signed: Nov 13-39

RECEIVED
DEC 5 1939
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

10680

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Severn (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 32 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Anne Arundel

City or town: Severn Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Fisher

3. (b) Social Security Number

4. Sex: F

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Charles W Fisher

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 6-1868

8. AGE: Years: 71 Months: 7 Days: 27 If less than one day ____ hrs. ____ min.

9. Birthplace (Town, county, and state): Baltimore

10. Usual occupation

11. Industry or business

FATHER: 12. Name: Hett

13. Birthplace: Unknown

MOTHER: 14. Maiden name: Unknown

15. Birthplace: Unknown

16. Informant: Mr. Geo. Schatz

Address: Severn - Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Nov. 4th 39 (month) (day) (year)

Cemetery or crematory: Western

Location: Baltimore

18. Funeral director: Wm Wickner Sons

Address: North & Paaves

19. Nov. 3, 1939 (Date rec'd by registrar) McDeAlva Dep Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 2 1939, at 12 45 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 4 - 1939, to Nov. 2 1939, and that I last saw her alive on Oct 28 1939.

Immediate cause of death: Cerebral Thrombosis

DURATION

Due to

Due to

Other conditions: Chronic Nephritis Parkinsonian Disease

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Baltimore Date signed

RECEIVED
NOV 15 1939
BUREAU V. C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

10681

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Shadyside

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 98 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: A A Co

City or town: Shadyside Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: William Robert Franklin

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife: Ann Thomas Franklin

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): June 2 1841

8. AGE: Years	Months	Days	If less than one day
98	4	29	hrs. min.

9. Birthplace: Churchton A.A. Co Md.

(Town, county, and state)

10. Usual occupation: None

11. Industry or business: —

FATHER — 12. Name: Benjamin Franklin

FATHER — 13. Birthplace: England

MOTHER — 14. Maiden name: Mary Norman

MOTHER — 15. Birthplace: Churchton, Md.

16. Informant: Fernando Weems

Address: Shadyside, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 3 1939 (month) (day) (year)

Cemetery or crematory: Locher Cemetery, Galesville

Location: Galesville, Md.

18. Funeral director: T. A. Hardesty & Son

Address: Galesville, Md.

19. Nov 2 1939 (Date rec'd by registrar) T. B. Dent Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 1 1939, at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 28 1939, to Nov 1 1939, and that I last saw him alive on October 28 1939.

	DURATION
Immediate cause of death: Chronic myocarditis	?
Due to: Generalized arteriosclerosis	?
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Samuel M. Reichel, M.D.

M. D. or other

Address: Annapolis, Md Date signed Nov 2, 1939

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (72nd)

CERTIFICATE OF DEATH

Reg. Dist. No. 21 — 10682

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: ANNE ARUNDEL

City or town: ANNAPOLIS, MARYLAND
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: U.S.NAVAL HOSPITAL.

Stay in hospital or inst. (yrs., or mos., or days): 1 mo. 16 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: MARYLAND County: BALTIMORE

City or town: BALTIMORE Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2716 Jefferson St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: Salustiano GARCELLANO

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Filipino	Married

6 (b) Name of husband or wife: Alice M. Garcellano

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 6-8-1896

8. AGE: Years	Months	Days	If less than one day
43	5	8	hrs. min.

9. Birthplace: Cuyo Palawan, Philippine Islands
(Town, county, and state)

10. Usual occupation: Radioman

11. Industry or business: Fleet Reserve, U.S.Navy.

FATHER
12. Name: Eugenio Garcellano
13. Birthplace: Philippine Islands

MOTHER
14. Maiden name: Filone Bllaidor
15. Birthplace: Philippine Islands

16. Informant: R.M. IHAMON, Captain (MC) U.S.N.
Address: US Naval Hospital, Annapolis, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 17, 1939 (month) (day) (year)

Cemetery or crematory: U.S.NATIONAL CEMETERY

Location: Baltimore, Maryland

18. Funeral director: William Cook

Address: St.Paul and Preston St. Baltimore, Md.

19. November 16th 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 16 November 1939, at 5:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 30 September 1939, to 16 November 1939, and that I last saw him alive on 16 November 1939.

Immediate cause of death	DURATION
LEUKEMIA, ACUTE, MYELOBLASTIC	4 Mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: R.L. WARE, Lieutenant (MC) USN (M. D. or other)

Address: US Naval Hosp. Annapolis, Md. Date signed: 11/16/39

RECEIVED
NOV 18 1969
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

10683

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: H. A.

City or town: Annapolis
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: H. A.

City or town: Annapolis Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Parole, Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Nathaniel Daniel Gillis

3. (b) Social Security Number: 214-05-1084

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Truma Delila Gillis

6(c) If alive, give age: 24 years

7. Birth date of deceased (mo., day, yr.): April 30 1913

8. AGE: Years: 26 Months: 6 Days: 29 If less than one day: hrs. min.

9. Birthplace: Roxboro N. C.
(Town, county, and state)

10. Usual occupation: Cook

11. Industry or business: Restaurant

FATHER
12. Name: Daniel Gillis
13. Birthplace: N. C.

MOTHER
14. Maiden name: Annie Lawson
15. Birthplace: N. C.

16. Informant: Aaron W. Gillis
Address: Parole, Md.

17. removal to N.C. Date thereof: Dec. 3 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Lawson Chappel

Location: Roxboro, N.C.

18. Funeral director: J. B. Johnson
Address: Annapolis

19. 12 1 1939 J. J. Mrs. Joh
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 29 1939, at 11 15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 25 1939, to Nov. 29 1939, and that I last saw him alive on Nov 29, 1939.

Immediate cause of death: Pulmonary Embolism — DURATION: 1 day

Due to: Operation for Gangrenous Appendicitis — 4 days

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Gangrenous Appendix

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Albert L. Anderson MD
M. D. or other

Address: Annapolis, Md. Date signed: 11/30/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 2 — 19684

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Annapolis Ward No. 1

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Prince Geo. St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Richard Saunders Harwood

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov 3d 1939

8. AGE:

Years	Months	Days	If less than one day
		1	hrs. min.

9. Birthplace: Annapolis Md (town, county, and state)

10. Usual occupation: none

11. Industry or business:

FATHER — 12. Name: Richard D. Harwood

13. Birthplace: Trenton Tenn.

MOTHER — 14. Maiden name: Barbara F. Bascomb.

15. Birthplace: Portsmouth N.H.

16. Informant: Richard D. Harwood

Address: Annapolis Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 6th 1939 (month) (day) (year)

Cemetery or crematory: Naval Cemetery

Location: Annapolis Md.

18. Funeral director: John Ray Taylor

Address: Annapolis Md

19. Nov 6th 1939 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 5, 1939, 3:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 3, 1939, to Nov. 5 1939, and that I last saw him alive on Nov 5, 1939

Immediate cause of death	DURATION
Asphyxia	2 days
Due to Congenital Patent Foramen Ovale, and	
Due to Ductus Arteriosus.	
Other conditions Partial Atelectasis Right lung.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. I. Miser M.D. (M. D. or other)

Address: U.S. Naval Academy Date signed Nov. 5, 1939

RECEIVED
DEC 5 1962
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10685

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County Annearundel

City or town East Port Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: — — —

Stay in hospital or inst. (yrs., or mos., or days) No

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County a — a —

City or town East Port Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 619. 3rd St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME John Hill. Jr.

3. (b) Social Security Number

4. Sex Male

5. Color or race Col.

6. (a) Single, married, widowed, or divorced Single.

6 (b) Name of husband or wife Gladus Hill

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1939 ~~Feb 20~~ April 16, 1939

8. AGE: Years 8 m. 15 d. Months Days If less than one day — hrs. — min.

9. Birthplace East Port a-a- Maryland.

(Town, county, and state)

10. Usual occupation none.

11. Industry or business none.

FATHER

12. Name John Hill Jr

13. Birthplace Annapolis Md.

MOTHER

14. Maiden name Gladus Williams

15. Birthplace Courtland Va.

16. Informant John Hill

Address 619. 3rd St. East Port, Md.

17. Broad Neck Cemt. (Burial, cremation, ~~or removal. Which?~~) Date thereof Nov. 6 1939. (month) (day) (year)

Cemetery or ~~crematory~~ Broad Neck Cemt.

Location St. Margrets a a co md.

18. Funeral director E. H. B. Parker

Address 47 Washington St.

19. Nov. 5th 1939 (Date rec'd by registrar) J. M. [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4 1939, at 2:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 20 1939, to Nov. 4 1939, and that I last saw him alive on 11/3/39 19

Immediate cause of death Broncho-Pneumonia — DURATION 2 wks

Due to There was no associated disease. C.W.G.R.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Lawrence W. Greene M. D. or other

Address Annapolis, Md. Date signed 11/4/39

Authorization to change date of birth see letter filed under Hill and also birth cert. filed under Williams in A.A.Co. 4/16/39.

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (186-a)

Reg. Dist. No. 23

10686

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Anne Arundel

(b) City or town No. Linthicum, Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Necrocoy Rd.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 1 m. 1 m.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto. Co.

(c) City or town Sparks.
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Lucretia Ella Price Chilcoat Hoshall No Social Security No.

3 (b) If veteran, name war —

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Geo. W. Hoshall

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 28 1859

8. AGE: Years 80 Months 2 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace Finksburgh Md.
(Town, county, and state)

10. Usual occupation Hw.

11. Industry or business —

FATHER
12. Name Benjamin F. Price
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Mary Harshburger
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Annie B. DeHoff
(b) Address Linthicum Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27, 1939 (month) (day) (year)

(c) Cemetery or crematory Bosley

Location Sparks Md.

18 (a) Funeral director Sandra M. Brooks

(b) Address Sparks Md.

19 (a) 24 Nov 1939 (Date rec'd by registrar) (b) Caldwell Woodruff Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 24 1939, at 5:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 17 1939, to Nov 24 1939, and that I last saw him alive on Nov. 24 1939.

Immediate cause of death Fracture R. femur Cardio-Vascular disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
Aug. 22-1939
Nov. 1-1939

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence Aug. 22 - 1939

(c) Where did injury occur? Sparks (City or town) Balto Co. (County) Md (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury Fall

23. Signature Chas. L. Ball Jr. MD
M. D. or other

Address Linthicum, Md. Date signed Nov. 24-'39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. [illegible] - Camp Meade

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

10687

Reg. Diat. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Anne Arundel

City or town Churchton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Anne Arundel

City or town Churchton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Margaret Ella Howes

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Thomas O Howes

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) January 8 1888

8. AGE: Years	Months	Days	If less than one day
51	10	0	hrs. min.

9. Birthplace Baltimore City, Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business own home

FATHER 12. Name W. W. Evans

13. Birthplace Churchton, Md.

MOTHER 14. Maiden name Hester A. Bradley

15. Birthplace Baltimore City, Md.

16. Informant Thomas O. Howes

Address Churchton, Md. 10 1939

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 10 (month) (day) (year)

Cemetery or crematory Woodfield's Cemetery

Location Galesville, Md.

18. Funeral director T. A. Hardesty & Son

Address Galesville, Md.

19. Nov. 9 1939 (Date rec'd by registrar) T. B. Dent Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1939 at 2 15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1937 to Nov 6 1939

and that I last saw her alive on Nov 7 1939

Immediate cause of death	DURATION
Carcinoma of rt. Breast	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Emily H. Wilson M.D.

M. D. or other

Address Lothian Md Date signed 11/8/39

RECEIVED
DEC 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10688

1. PLACE OF DEATH (131)

County Anne Arundel Registration Dist. No. 21

Village or City Green Haven, Md No. 3rd St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas J. Jacobson If U. S. Veteran, specify WAR .....

(a) Residence: No. 3rd St. St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Minnie Jacobson

6. DATE OF BIRTH (month, day, and year) July 13, 1857

7. AGE Years 82 Months 3 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Light House Ser.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME ? Jacobson
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT (Address) Minnie Jacobson 3rd St. Green Haven Md

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cem Date 11/4/39

19. UNDERTAKER (Address) Durward D. Covington 21 W. 25th St.

20. FILED 11-1, 1939 L. A. Bicca
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1939, to Nov. 1, 1939

I last saw him alive on Nov. 1, 1939; death is said to have occurred on the date stated above, at 4 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	about 2 yrs.

Other Contributory Causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jeff L. Valentine M.D. M. D.

(Address) 6 N. Broadway

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED DEC 5 1929 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10689

(148)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 21

Village or City Annapolis, Md. No. Emergency Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 5 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Frances January If U. S. Veteran, specify WAR

(a) Residence: No. Gambrills, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	wh	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. January

6. DATE OF BIRTH (month, day, and year) June 15, 1919

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
20	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. HW

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Elkton, Va. (State or country)

FATHER

13. NAME Henry D. Eutsler

14. BIRTHPLACE (city or town) Grottoes, (State or country) Virginia

MOTHER

15. MAIDEN NAME Grace Carroll

16. BIRTHPLACE (city or town) Grottoes (State or country) Virginia

17. INFORMANT Grace C. Eutsler (Address) Gambrills. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Kevem Cross Roads Date Nov 28, 1939

19. UNDERTAKER B B Williams (Address) Crownsville Md.

20. FILED 11/28 1939 E. F. Joyce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. 26, (Month) (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1939, to Nov. 26, 1939

I last saw her alive on Nov. 26, 1939; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary embolism (post partum)	11/23/1939

Other Contributory Causes of Importance:

Name of operation Forceps delivery (Scanzoni operation) Date of 11/23/39

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Borssuck

(Signed) Samuel Borssuck M. D.

(Address) Hotel Maryland Bldg. Annapolis. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED DEC 5 1933 BUREAU V.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

10690

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH

County A. A.

City or town Mulberry Hill A. A. Co.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County A. A.

City or town Mulberry Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harriett Johnson

3. (b) Social Security Number

4. Sex Fem.

5. Color or race Colored

6. (a) Single, married, widowed, or divorced widow

8 (b) Name of husband or wife Elijah Johnson

6(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Oct. 14 1855

8. AGE: Years 84 Months Days 21 If less than one day hrs. min.

9. Birthplace Brownswoods A. A.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John Kimble
13. Birthplace A. A.

MOTHER
14. Maiden name Elizabeth Ireland
15. Birthplace A. A.

16. Informant Benjamin Johnson
Address 78 Clays st Annapolis

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 5 1939 (month) (day) (year)

Cemetery or crematory Broadneck

Location A. A. Co

18. Funeral director J. B. Johnson
Address Annapolis

19. Nov. 5th 1939 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 1939 at 8:50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 30 1939, to Nov 2 1939, and that I last saw her alive on Nov. 2 1939.

Immediate cause of death Chr. Myocarditis + myocardial insufficiency

Due to

Due to Acute enteritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy

DURATION 10/13/39

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Willis Martin M.D. M. D. or other

Address Annapolis Md Date signed 11/4/39

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (546)

CERTIFICATE OF DEATH

10691

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel County

City or town: Crownsville, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1mo. 13 days

Stay in this community (yrs., or mos., or days): 1mo. 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Venton, Maryland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ---------
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ---------

3. (a) FULL NAME: Mariah Jones

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	Separated

6 (b) Name of husband or wife: Unknown

6(c) If alive, give age ---------- years

7. Birth date of deceased (mo., day, yr.): 1887

8. AGE:

Years	Months	Days	If less than one day
52	Unknown		---------hrs. ---------min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: -------

FATHER
12. Name: Joe Waters
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Shelton
15. Birthplace: Maryland

16. Informant: Hospital Records

Address: Crownsville State Hospital

17. Burial, cremation, or removal. Which? Burial Date thereof 12-2-39 (month) (day) (year)

Cemetery or crematory: Hospital

Location: Crownsville

18. Funeral director: Supt.

Address

19. Dec 2 1939 (Date rec'd by registrar) E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 26th 1939, at 9:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 13th 1939, to November 26 1939, and that I last saw her alive on November 26th 1939.

Immediate cause of death	DURATION
Peritonitis after Hysterectomy	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Fibroid of Uterus
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ---------- Date of ----------

Where did injury occur? ---------
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ----------

Means of injury ---------- Injured at work? ----

23. SIGNATURE: Robert P. Winterode
M. D. or other

Address: Crownsville, Maryland (Date signed 11/26/39)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10692

1. PLACE OF DEATH (8)

County A. A. Co. Registration Dist. No. 20

Village or City Drury No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Owens Jones If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Boy
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov 29, 1939

7. AGE Years: Stillborn Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Drury
(State or country) A. A. Co. Md

FATHER
13. NAME Golden Jones
14. BIRTHPLACE (city or town) Upper Marlboro
(State or country) Prince Geo. Co. Md

MOTHER
15. MAIDEN NAME Alice Roberta Owens
16. BIRTHPLACE (city or town) Drury A. A. Co.
(State or country) Md

17. INFORMANT Alice Roberta Owens
(Address) Drury Md

18. BURIAL, CREMATION, OR REMOVAL Md
Place Drury Date Nov 30, 1939

19. UNDERTAKER John H. Owens
(Address) Drury Md

20. FILED Nov 30, 1939 W. H. Clayton
Dep Wrnd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Stillborn November 29, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, 19, to Nov 29, 1939

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Stillborn	
Premature	
Malformed	

Other **Contributory Causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. B. West M. D.

(Address) Lothian Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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DEC 7 1927
BUREAU V

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10693

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Sudley
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: Sudley Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: William Lee

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Married

6 (b) Name of ~~husband~~ or wife: Gloria Lee

6(c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): December 2 1890

8. AGE:

Years	Months	Days	If less than one day
48	11	7	hrs. min.

9. Birthplace: King & Queen County, Virginia
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Laborer by day

FATHER
12. Name: Levi Lee
13. Birthplace: King & Queen Co, Va

MOTHER
14. Maiden name: Jane Lee
15. Birthplace: King & Queen Co, Va

16. Informant: Lillian Lee Burke
Address: 2450 West Cumberland St

17. Burial (Burial, cremation, or removal. Which?) Phila Date thereof (month) Nov (day) 14 (year) 1939

Cemetery or crematory: Eden Cemetery Darby Pa.
Location: ~~Woodland Avenue~~

18. Funeral director: T. A. Hardesty & Son
Address: Galesville, Md.

19. Nov 13 1939 (Date rec'd by registrar) J. B. Dent Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 9 1939, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1939, to Nov 9 1939, and that I last saw him alive on Nov 9 1939.

Immediate cause of death	DURATION
Myocarditis Chronic	
Pulmonary Tuberculosis	
Due to Not determined	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: J. B. Dent M. D. or other
Address: Lothian Date signed 11/9/39

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DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

10694

Reg. Dist. No. 20

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Davidsonville.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 18 months.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: A. A.
City or town: Davidsonville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: James Morris Mathews
3. (b) Social Security Number:

4. Sex: male
5. Color or race: negro
6. (a) Single, married, widowed, or divorced: ~~married~~
6 (b) Name of husband or wife: Carrie Jones Matthews
6(c) If alive, give age: 56 years
7. Birth date of deceased (mo., day, yr.): March 7 1888
8. AGE: Years: 51 ~~54~~ Months: 8 Days: 8 If less than one day: hrs. min.
9. Birthplace: Shadyside (Town, county, and state)
10. Usual occupation: Oysterman
11. Industry or business:
FATHER
12. Name: Henry Matthews
13. Birthplace: Shadyside
MOTHER
14. Maiden name: Rachael Scott
15. Birthplace: Shadyside
16. Informant: Carrie Jones Matthews
Address: Davidsonville, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 17 1939 (month) (day) (year)
Cemetery or crematory: St. Paul Cemetery, Shadyside
Location: Shadyside
18. Funeral director: T. A. Hardesty & Son
Address: Galesville
19. Nov. 16, 1939 (Date rec'd by registrar) Carrie J. Kintt Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 15 1939, at 7 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw alive on 19
Post mortem examination

Immediate cause of death	DURATION
Cerebral hemorrhage	11/15/39
Due to Arterial Hypertension	8 yrs
Due to Alcoholism	all his life
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: John M. Claffy Deputy medical Examiner
M. D. or Coroner
Address: Annapolis, Md. Date signed: 11/15/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Authorization to change date of burial, statement from Charles E. Morgan, Patrolman
910 Pontiac Ave., Brooklyn. 11/22/39.

A.

Write Doctor for date

STATE OF MARYLAND—CERTIFICATE OF DEATH

10695

1. PLACE OF DEATH (107a)

County Anne Arundel Registration Dist. No. 23

Village or City Glen Burnie nr Ferndale St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Ramona Marrs Marrs If U. S. Veteran, specify WAR

(a) Residence: No. Glen Burnie Md Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): (Baby)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 1 | Months | Days | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Arrundel County, MD.

FATHER

13. NAME: Jack Miles JR.

14. BIRTHPLACE (city or town) (State or country): Arundel County MD.

MOTHER

15. MAIDEN NAME: Mary K Paver

16. BIRTHPLACE (city or town) (State or country): Arundel Co, MD.

17. INFORMANT (Address): Jack Miles (Father) Ornes town, MD

18. BURIAL, CREMATION, OR REMOVAL Place: Sharp St. Cemet. Date: Nov 8th, 1939

19. UNDERTAKER (Address): Elroy O Wilson 1000 Brantley ave

20. FILED Nov. 7, 1939 M. F. DeAlba Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 6th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 8/21/39, 19__, to 11/6/39, 19__

I last saw her alive on 11/5/39, 19__; death is said to have occurred on the date stated above, at 2 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Rickets	[illegible]

Other Contributory Causes of importance:

Broncho-Pneumonia	3 day

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) John Alexander M. D.

(Address) Glen Burnie Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

10696

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: A. A.

City or town: Annapolis, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 Day

Stay in this community (yrs., or mos., or days): 17 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: A. A.

City or town: Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Arnold. Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Fanny E. McKenney

3. (b) Social Security Number

4. Sex: F.

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: Luther L. McKenney

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 6, 1860

8. AGE: Years 79 | Months 6 | Days 1 | If less than one day ____ hrs. ____ min.

9. Birthplace: Kent County, Maryland
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER
12. Name: William A. Wilson
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Sappington
15. Birthplace: Md.

16. Informant: Luther L. McKenney
Address: Arnold, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Nov. 28, 1939 (month) (day) (year)

Cemetery or crematory: Asbury

Location: Arnold, Maryland

18. Funeral director: Ben L. Hopping
Address: 170 West St. Annapolis

19. 11 28 1939 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 26 1939, at 5:30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 25 1939, to Nov 26 1939, and that I last saw her alive on Nov 26 1939.

Immediate cause of death	DURATION
Diabetic Coma	18 hrs.
Due to Diabetes Mellitus	?
Due to	
Other conditions General Arteriosclerosis - Myocarditis Cr.	?

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: J. Oliver Purcell M. D. or other

Address: Annapolis Md. Date signed 11/27/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1929
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (139-E)

10697

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County Anne Arundel

City or town Annapolis
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 6 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Anne Arundel

City or town Annapolis Md Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 42 Murray Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Helen Disharon McWilliams

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife William J. McWilliams

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 20th 1906

8. AGE: Years 33 Months 7 Days 17 If less than one day ____ hrs. ____ min.

9. Birthplace Charleston West Va
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name George Disharon
13. Birthplace West Va.

MOTHER
14. Maiden name Mary Cain
15. Birthplace Elkton West Va

16. Informant William J. McWilliams
Address Annapolis Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 9th 1939 (month) (day) (year)

Cemetery or crematory St Mary's

Location Annapolis Md.

18. Funeral director John M. Taylor
Address Annapolis Md.

19. 11-8th 1939 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 1939, at 5.50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 26 1939, to Nov 6 1939, and that I last saw her alive on Nov. 6 1939.

Immediate cause of death General peritonitis — DURATION 9 days

Due to Pelvic abscess — 10 days

Due to Diverticulitis of ileum

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Pelvic abscess

Of autopsy General peritonitis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE J. Willis Martin M.D. M. D. or other

Address Annapolis Md Date signed 11/7/39

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DEC 5 1939
BUREAU V. S.

10698

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93C)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 13 yrs. 7mos. 3 das

Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County:

City or town: At Large Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Unknown
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: --------

3. (a) FULL NAME: GARFIELD MORTON

3. (b) Social Security Number: --------

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	black	married

6 (b) Name of husband or wife: Unknown

6(c) If alive, give age: ---- years

7. Birth date of deceased (mo., day, yr.): Virginia 1887

8. AGE: Years: 52 | Months: Unknown | Days: | If less than one day: ___ hrs. ___ min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: ------

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

18. Informant: Hospital Records
Address: Crownsville, Maryland

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 11/18-9 (month) (day) (year)

Cemetery or crematory: Hospital

Location: Crownsville Md.

18. Funeral director: Supt.

Address:

19. 11/18 19 9
(Date rec'd by registrar)

E. F. Joyce
Registrar

DL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 9th 1939, at 11:15

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from A.M. April 6th 1926, to Nov. 9th 1939, and that I last saw him alive on Nov. 9th 1939.

Immediate cause of death: Chronic myocarditis and myocardial degeneration

DURATION:

Due to:

Due to:

Other conditions: -----
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ------
Of autopsy: ------

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ----- Date of:

Where did injury occur? --------- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --------

Means of injury: ------ Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Crownsville, Md. Date signed: 11/9/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10699

Reg. Dist. No. 27

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Fort George G. Meade, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Station Hospital, Fort Geo. G. Meade, Md.

Stay in hospital or inst. (yrs., or mos., or days): Five (5) Days

Stay in this community (yrs., or mos., or days): 1 Year 6 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Ft. Geo. G. Meade, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Susan Doniphan Pace

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Julian Knight Pace

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 21, 1859

8. AGE: Years	Months	Days	If less than one day
80	7	8	____ hrs. ____ min.

9. Birthplace: Augusta, Kentucky
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own home

FATHER — 12. Name: Silas T. Powers

FATHER — 13. Birthplace: Westmorland County, Virginia

MOTHER — 14. Maiden name: Margaret Marshall Doniphan

MOTHER — 15. Birthplace: Augusta, Kentucky

16. Informant: Major William M. Carter

Address: Fort George G. Meade, Maryland

17. Removal (Burial, cremation, or removal. Which?) Date thereof Nov. 29, 1939 (month) (day) (year)

Cemetery or crematory

Location: Knoxville, Tenn.

18. Funeral director: John Gawley's Sons,

Address: Washington, D. C.

19. Nov. 29 19 39 (Date rec'd by registrar)

D. P. CARD, Col., M. C. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 29 19 39, at 12:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 24 19 39, to November 29 19 39, and that I last saw her alive on November 29 19 39.

Immediate cause of death	DURATION
Pneumonia, lobar, left lower	5 Days
Due to myocarditis	3 Mos.
Due to Arteriosclerosis	5 Years
Other conditions -	

(Include pregnancy within 3 months of death)

Major findings:

Of operations -

Of autopsy -

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: J. J. MADIGAN, Lt. Col., M. C.
M. D. or other

Address: Ft. Geo. G. Meade, Md. Date signed: Nov 29/39

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21 — 10700

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County A.A.

City or town Eastport (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Boat

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 21 Days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State New Jersey County MonMouth

City or town Keyport Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 21 Warren St (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles E. Peterson

3. (b) Social Security Number 714.07.9695

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

8 (b) Name of husband or wife Violet Dunlop Peterson

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) March 7.1860

8. AGE: Years	Months	Days	If less than one day
79	8	3	hrs. min.

9. Birthplace Delaware Bay, Boat Venture (Town, county, and state)

10. Usual occupation Painter Retired

11. Industry or business

FATHER 12. Name Olaf Peterson

13. Birthplace Copenhagen Denmark

MOTHER 14. Maiden name Emma Stromberg

15. Birthplace Copenhagen Dennmark

16. Informant Violet Dunlop Peterson

Address 21 Warren St Keyport New Jersey

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 13 1939 (month) (day) (year)

Cemetery or crematory Old Tenent

Location Keyport New Jersey

18. Funeral director B.L.Hopping

Address Annapolis, Md.

19. 11 11 (Date rec'd by registrar) 19 39 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1939 at 10 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov 1 1939 to Nov 10 1939.

and that I last saw h alive on Nov 10 1939

	DURATION
Immediate cause of death Senility	
Due to Old Age	
Due to	
Other conditions Arteriosclerotic Cardio-Vascular disease (Include pregnancy within 3 months of death)	14 yr.
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Albert L. Anderson M. D. or other

Address Annapolis, Md. Date signed 11/10/39

RECD
NOV 28 1939
BUREAU V. E.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10701

1. PLACE OF DEATH A. A. (120)

County Near - Dorsey Registration Dist. No. 22

Village or City No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Pickerall

(a) Residence: No. Chas. Co. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Aug. 1st 1935

7. AGE Years 4 Months 3 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Baby

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chas. Co., Md.

FATHER

13. NAME Chas. Pickerall

14. BIRTHPLACE (city or town) (State or country) Chas. Co., Md.

MOTHER

15. MAIDEN NAME Nellie Padgett

16. BIRTHPLACE (city or town) (State or country) Chas. Co., Md.

17. INFORMANT (Address) Mrs. John Blob, Hanover, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Waldorf Md. Date 11/12/39, 19

19. UNDERTAKER (Address) Hunt & Ryon Waldorf Md.

20. FILED Nov 10, 1939 Clara M Hasleh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. 9th, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9th, 1939 to Nov. 9th, 1939

I last saw him alive on 8/9/39, 19; death is said to have occurred on the date stated above, at 10:30 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Gastro-Intestinal Upset	11/6/39
Other Contributory Causes of Importance:	
Convulsions	11/9/39

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Frank Shipley M. D.

(Address) Savage, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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DEC 5 1929
VITAL STATISTICS

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

10702

CERTIFICATE OF DEATH

Reg. Dist. No. 23

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Benfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): 5 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Benfield Rd & Jumpers Hole Road No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Benfield (Severn P.O.)
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: World

3. (a) FULL NAME: Frederick Popp

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 19, 1882

8. AGE: Years	Months	Days	If less than one day
57	1		hrs. min.

9. Birthplace: Balto. City (Town, county, and state)
10. Usual occupation: Caretaker
11. Industry or business

FATHER
12. Name: Frederick Popp
13. Birthplace: Ger. Md.

MOTHER
14. Maiden name: Mary Kline
15. Birthplace: Md

16. Informant: Mrs. Bernard Dudley
Address: 115 N. Glover St

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/24/39 (month) (day) (year)
Cemetery or crematory: Mt. Carmel Cemetery
Location: Balto. City, Md.

18. Funeral director: E. D. Fanning & Son
Address: 1938 E. Lafayette Ave.

19. Nov. 21, 1939 (Date rec'd by registrar) M. Dealba Dep Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 20, 1939, at Known

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Post-mortem exam. 11/21/39 19 to 19; and that I last saw h alive on 19

Immediate cause of death	DURATION
Acute Myocardial failure	sudden
Due to	
Due to	
Other conditions: Found dead in field where he had been raising logs. (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John M. Claffy Deputy Medical Examiner
M. D. or other
Address: Annapolis Md Date signed 11/21/39

Authorization to add items in red- letter filed under Dir. John Claffy 12-1-39.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10703

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (956)

County Anne Arundel — Registration Dist. No. 23

Village or City Garland — No. Annapolis Rd near Ferndale — Ward

(If death occurred in a Hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alice S Rider — If U. S. Veteran, specify WAR No. S. C. Number

(a) Residence: No. Annapolis Rd near Ferndale Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
~~Female~~	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Abraham Rider

6. DATE OF BIRTH (month, day, and year) Nov 16 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework at Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brooklyn Md (State or country)

FATHER

13. NAME John Merritt

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliza Stewart

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Miss Margaret Rider (Address) Garland Annapolis Rd

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Nov 24, 1939

19. UNDERTAKER William M Mareck (Address) 715 Light St

20. FILED 23 Nov., 1939 Caldwell Woodruff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 22 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1939, to Nov 22, 1939

I last saw her alive on Nov 22, 1939; death is said to have occurred on the date stated above, at 11:45 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	11-16-39
Diabetis. Vascular disease	1930

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. L Ball Jr MD M. D.

(Address) Linthicum Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED DEC 4 1929 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10704

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 2 p

Village or City Pasadena No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town whara daeth occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Francis Rowles If U. S. Veteran, specify WAR

(a) Residence: No. Pasadena St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	married

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Lucy F. Rowles

6. DATE OF BIRTH (month, day, end yaar) Aug 28 1867

7. AGE Yaars	Months	Deys	If LESS than 1 day, hrs. or min.
72	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month end yaar) 1799

11. Total time (yeers) spant in this occupation —

12. BIRTHPLACE (city or town) (Stete or country) Maryland

FATHER

13. NAME Charles Rowles

14. BIRTHPLACE (city or town) (Stata or country) Maryland

MOTHER

15. MAIOEN NAME Unknown

16. BIRTHPLACE (city or town) (Stete or country) Maryland

17. INFORMANT Mrs Lucy F. Rowles (Address) Pasadena Rd. A A County.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Cem Oata 11/20/, 1939

19. UNDERTAKER John J Cowan & Son (Address) 901 Hollins St

20. FILED Nov 19, 1939 Mrs DeAlba Dep Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 17th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attanded deceased from Nov 10, 1939, to Nov 17th, 1939

I last saw him alive on Nov. 16th, 1939; death is said to have occurrad on tha data statad above, at 3 P. m.

The **PRINCIPAL CAUSE OF DEATH** end ralated causas of importanca ware es follows:

	Date of onset
Chronic Endocarditis	Unknown
Arterio Sclerosis.	
Chronic Interstitial Nephritis	

Other **Contributory Causes** of importance:

Pulmonary Edema	7-10

Name of operation Oate of

Whet tast confirmad diagnosis? Was there an autopsy? No

23. If daath was due to external causes (VIOLENCE) fill in also tha following:

Accident, suicida, or homicida? Oate of injury, 19

Whare did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury

Neture of injury

24. Was diseasa or injury in any way related to occupation of deceasad?

If so, specify

(Signed) John J Alexander M. D.

(Addrass) Glen Burnie Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes** of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other **contributory causes** of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10705

1. PLACE OF DEATH 93c

County Anne Arundel Registration Dist. No. 26

Village or City Shadyside No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Scott If U. S. Veteran, specify WAR Name

(a) Residence: No. Shadyside, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabella Scott

6. DATE OF BIRTH (month, day, and year) Dec. 9 1862

7. AGE Years 76 Months 10 Days 35 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Oysterman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shadyside Md

FATHER

13. NAME Thomas Scott

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Grace Ann Scott

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Saville Scott Shadyside Md

18. BURIAL, CREMATION, OR REMOVAL Place Scott Cemetery Shadyside, Md Date 11/17, 1939

19. UNDERTAKER (Address) T. A. Hardisty & Son, Galesville Md

20. FILED Nov 16, 1939 J. B. Dent Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 14, (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July, 1939, to Nov. 14, 1939

I last saw him alive on Sept., 1939; death is sold to have occurred on the date stated above, at 2:15 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Chronic myocarditis

Date of onset

Other Contributory Causes of importance: hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Emily H. Wilson M. D.

(Address) Lothian, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
DEC 5 1930
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10706

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (182a)

County Anne Arundel Registration Dist. No. 21

Village or City Jacobsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. if of foreign birth? 51 yrs. mos. ds.

2. FULL NAME Lena Maschinski Sigmund If U. S. Veteran, specify WAR

(a) Residence: No. Tick Neck Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Sigmund

6. DATE OF BIRTH (month, day, and year) Jan. 29, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Lina Thoreau

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Emma Sigmund (Address) R. F. D. Pasadena, Md.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem. Date Nov. 10, 1939

19. UNDERTAKER Philip Stewart Sons (Address) 2016 Eutaw St

20. FILED 11-7, 1939 L. A. Bries Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 7, (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July, 1938 to Nov. 1939

I last saw her alive on July 15, 1939; death is said to have occurred on the date stated above, at 12:15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Heart failure	Nov. 7, 1939
Chronic myocarditis	1939.
Other Contributory Causes of importance: Fractured left femur	July 1938.

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury July, 1938

Where did injury occur? Jacobsville, Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. At her home

Manner of injury Fractured left femur

Nature of injury Fell on steps

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry M. Moore M. D.

(Address) Glen Burnie, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

CERTIFICATE OF DEATH

10707

Reg. Dist. No. 2nd

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 9 mos. 19 days

Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore City

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1500 Argyle Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: -----

3. (a) FULL NAME: GEORGE SORRELL

3. (b) Social Security Number: ------

4. Sex: male

5. Color or race: black

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband or~~ wife: Ella Sorrell

6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): 1887

8. AGE: Years: 50 Months: Unknown Days: If less than one day: ____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: ----

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 12/25/39 (month) (day) (year)

Cemetery or crematory: Mt. Auburn

Location: Baltimore, Md.

18. Funeral director: Thos. E. Kelson

Address: 1303 Presstman St., Baltimore, Md.

19. 11/23/39 (Date rec'd by registrar) E F Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 22nd 1939, at 11:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 3rd 1939, to Nov. 22 1939, and that I last saw him alive on Nov. 22nd 1939.

Immediate cause of death: Gas gangrene infection of thigh; of right thigh and right lower abdominal wall, originating from an old decubitus defect of the right buttock. CWGR

Due to: Duration: two days.

Due to: General paresis.

Other conditions: ~~Patient was~~ a far advanced general paretic.
(Include pregnancy within 3 months of death)

Major findings of operations: There was no accident or injury.

Of autopsy: ------

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ----- Date of

Where did injury occur? ------ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ------ Injured at work?

23. SIGNATURE: Robert P Monterode M. D. or other

Address: Crownsville, Md. Date signed: 11/22/39

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10708

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 23

Village or City Patapsco, Linthicum P.O. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Ann Thomas

(a) Residence: No. Patapsco St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Samuel Thomas

6. DATE OF BIRTH (month, day, and year): about 1867

7. AGE: Years 72 | Months ? | Days ? | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Midwife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Domestic

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Charles Co. Md.

FATHER

13. NAME: Henry Green

14. BIRTHPLACE (city or town) (State or country): Charles Co. Md.

MOTHER

15. MAIDEN NAME: Cecelia Gross

16. BIRTHPLACE (city or town) (State or country): Charles Co. Md.

17. INFORMANT (Address): James B. Thomas (Patapsco) Linthicum Md

18. BURIAL, CREMATION, OR REMOVAL Place: St Augustine Date: Nov. 24, 1939

19. UNDERTAKER (Address): Adolphus Halstead 918 Druid Hill Ave

20. FILED 22 Nov, 1939 Albert Woodruff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1939, to Nov 20, 1939

I last saw her alive on Nov 19, 1939; death is said to have occurred on the date stated above, at 12 40 a.m. (midnight)

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Apoplexy	11/8/39
rt Hemiplegia	
Chr. Myocarditis	1937

Other Contributory Causes of importance:

Diabetes Mellitus	1933
Senility, Hypertension	

Name of operation: none Date of

What test confirmed diagnosis? paralyzed & Hist. Blood pressure Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify

(Signed) R B Brumbaugh M. D.

(Address) Elkridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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NOV 2 1938
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82a) Reg. Dist. No. 21

CERTIFICATE OF DEATH

10709

1. PLACE OF DEATH:
(a) County Anne arundel
(b) City or town Freetown (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: P. O. Glen Burnie, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 30 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County anne arundel
(c) City or town Freetown (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Horace Wallace

3 (b) If veteran, name war ✓ | 3 (c) Social Security No. ✓

4. Sex male | 5. Color or race negro | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Sarah Wallace
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1880

8. AGE: Years 59 | Months ? | Days ? | If less than one day ____hr. ____min.

9. Birthplace Prince George Co., Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farming

FATHER 12. Name unknown
FATHER 13. Birthplace " "

MOTHER 14. Maiden Name "
MOTHER 15. Birthplace " "

16 (a) Informant Douglas Johnson
(b) Address P.O. Glen Burnie, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7th. 39 (month) (day) (year)
(c) Cemetery or crematory Marley Neck Cem.
Location nr. Glen Burnie

18 (a) Funeral director Wm. A. Jameson
(b) Address Baltimore, Md.

19 (a) 11-4-39 (Date rec'd by registrar) (b) L. A. Bleck Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 4 1939, at 6 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1939, to Nov. 4 1939, and that I last saw him alive on Oct. 16 1939

	Duration
Immediate cause of death Cerebral hemorrhage	6 mos.
Due to Arteriosclerosis	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. A. Breit, M.D. (M. D. or other)
Address Pasadena, Md. Date signed 11-4-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83)

10710

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Crownsville State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 1 mo., 22 days
Stay in this community (yrs., or mos., or days): life - 65 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: ------
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1907 Division St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ------

3. (a) FULL NAME: DANIEL WATTS

3. (b) Social Security Number: -----

4. Sex: Male
5. Color or race: Black
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Matilda Watts
6(c) If alive, give age: ? years
7. Birth date of deceased (mo., day, yr.): not known
8. AGE: Years: 60 Months: Days: If less than one day: hrs. min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual occupation: laborer
11. Industry or business: not specified
FATHER
12. Name: Daniel Watts
13. Birthplace: Maryland
MOTHER
14. Maiden name: ?
15. Birthplace: ?
16. Informant: hospital records
Address: Crownsville State Hospital
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 14, 1939 (month) (day) (year)
Cemetery or crematory: Mt. Auburn
Location: Balto. Md.
18. Funeral director: Mrs. Scott Holland
Address: 1631 Druid Hill Ave
19. 11/41 (Date rec'd by registrar) 19 9 E F Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 10, 1939 19 at 5:25 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 18, 1939 19 to Nov. 10, 1939 19 and that I last saw him alive on Nov. 10, 1939 13
Immediate cause of death: General Paralysis of the Insane
Due to
Due to
Other conditions: Chronic myocarditis
(Include pregnancy within 3 months of death)
Major findings:
Of operations: -------
Of autopsy: ---------

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: -------- Date of: ----
Where did injury occur? ------ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Crownsville Md. Date signed: 11/10/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10711

Reg. Dist. No. 23

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Oakwood, Glenburnie P.O.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 6 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: A. A.

City or town: Glenburnie P.O. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: "Oakwood"

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Anna Elizabeth Ziegler

3. (b) Social Security Number: none

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: George J. Ziegler deceased

6(c) If ante, give age: 76 years

7. Birth date of deceased (mo., day, yr.): Oct. 4, 1863

8. AGE: Years: 76 Months: 11 Days: 17 If less than one day: hrs. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business: Home

FATHER

12. Name: Martin Kimmel

13. Birthplace: Germany

MOTHER

14. Maiden name: Anna Holtzupple

15. Birthplace: Germany

16. Informant: John P. Kimmel

Address: Oakwood, Glenburnie P.O. Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 11/24/39 (month) (day) (year)

Cemetery ~~or crematory~~: Cedar Hill

Location: A. A. Co. Md

18. Funeral director: William Cook

Address: 1217 St. Paul st

19. Nov. 22 1939 (Date rec'd by registrar) Registrar: M. D. Alba

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 21. 1939, at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Post mortem exam.

Immediate cause of death: Cerebral Hemorrhage — Duration: Sudden

Due to: Arterial Hypertension — 6 years

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John M. Claffy Deputy Medical Examiner M. D.

Address: Annapolis Md. Date signed: 11/21/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 25 1939
BUREAU V. R.